

# PART B - FEE(S) TRANSMITTAL

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Box ISSUE FEE  
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23453 7590 02/26/2002

RHEOX, INC.  
WYCKOFFS MILL ROAD  
P O BOX 700  
HIGHTSTOWN, NJ 08520

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## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Brenda L. Heaton (Depositor's name)  
Brenda L. Heaton (Signature)  
March 12, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/589,166	06/08/2000	Mahalingam Santhanam	EL-8142	9775

TITLE OF INVENTION: RHEOLOGICAL ADDITIVES AND PAINT AND COATING COMPOSITIONS CONTAINING SUCH ADDITIVES EXHIBITING IMPROVED INTERCOAT ADHESION

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
7	nonprovisional	NO	\$1280	\$0	\$1280	05/28/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
YOON, TAE H	1714	528-288000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Michael J. Cronin

2 \_\_\_\_\_  
3 \_\_\_\_\_

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Elementis Specialties, Inc.

Hightstown, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

#### 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee

☒ Advance Order - # of Copies 10

#### 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1160 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

March 12, 2002

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03/26/2002 CV0222 00000033 181160 09589166

01 FC:142 1280.00 CH  
02 FC:561 30.00 CH

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